

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: **2003**

2/9/04

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Guthrie Housing Authority

PHA Number: OK055

PHA Fiscal Year Beginning: (mm/yyyy) 4/2004

PHA Plan Contact Information:

Name: Gary Tushka

Phone: 405-282-3246

TDD: 405-282-2884

Email (if available): guthriehousing@sbcglobal.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	2
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	4
C. Criteria for Substantial Deviations and Significant Amendments	5
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Capital Fund Program Annual Statement – Table Library Page 5	
<input checked="" type="checkbox"/> Capital Fund Program 5 Year Action Plan – Table Library Page 11	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment B: Resident Membership on PHA Board or Governing Body	24
<input checked="" type="checkbox"/> Attachment C: Membership of Resident Advisory Board or Boards	25
<input checked="" type="checkbox"/> Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) – Page 4	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment D: Deconcentration & Income Mixing	25
Attachment E: Statement Regarding Community Service	25

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan – The Housing Authority will install concrete swells and/or retaining walls in addition to excavation site work for water drainage; will remove trees, will replace kitchen cabinets and countertops and kitchen sinks and faucets and will make necessary renovations to the Housing Authority Office site, restrooms, and building to ensure compliance with 504 requirements.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No policy changes are anticipated

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \$ **213,031.00**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided in the Table library, page 11

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided in the Table library, page 5

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
THE STATE OF OKLAHOMA
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

- A. Substantial Deviation from the 5-year Plan:** The Authority defines substantial deviations from the 5 year plan as "any deviation that involves the addition of work components not

originally listed within the 5 year plan that will involve the usage/commitment of funds in excess of 25% of the total funding budgeted for the current fiscal year plan”.

B. Significant Amendment or Modification to the Annual Plan: The Authority defines significant amendment or modification to the annual plan as” an amendment to the original plan displayed and submitted to HUD that includes the deletion of significant components of the annual plan (generally items that were projected to use 25% or more of the annual funding for the current plan year) and/or the replacement of work items that are not included within the annual or five year plan that involve the use/commitment of 25% or more of the annual funding for the current plan year.”

Attachment A**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Component	Plan
NA	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies	
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies	
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination	
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination	
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination	
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Operations and Maintenance	Plan: and
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Management and Operations	Plan: and
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Operations and Maintenance and Community Service & Self-Sufficiency	Plan: and

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Component	Plan
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Management Operations	Plan: and
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Operations Maintenance	Plan: and
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures	
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures	
NA	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs	
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs	
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs	
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs	
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition	
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing	

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Component Plan
NA	PHDEP-related documentation: <ul style="list-style-type: none"> ·? Baseline law enforcement services for public housing developments assisted under the PHDEP plan; ·? Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); ·? Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; ·? Coordination with other law enforcement efforts; ·? Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and ·? All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: X Capital Fund Program OK56P055501-00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)		
X Performance and Evaluation Report for Period Ending: 9/30/02		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
		Original	Revised	Obligated
				Expended

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority of the City of Guthrie	Grant Type and Number Capital Fund Program: X Capital Fund Program OK56P055501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement X Performance and Evaluation Report for Period Ending: 9/30/02			
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
1	Total non-CFP Funds		\$ 23,841.97
2	1406 Operations	\$ 5,661.00	\$ 5,661.00
3	1408 Management Improvements	\$ 10,000.00	
4	1410 Administration	\$ 253.00	\$ 253.00
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs	\$ 25,000.00	\$ 25,000.00
8	1440 Site Acquisition		
9	1450 Site Improvement	\$100,000.00	\$ 94,908.97
10	1460 Dwelling Structures	\$100,000.00	\$138,860.00
	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Nondwelling Structures	\$ 2,500.00	
13	1475 Nondwelling Equipment	\$ 40,000.00	\$ 42,320.00
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)	\$283,161.00	\$307,002.97
21	Amount of line 20 Related to LBP Activities		\$200,390.77

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: X Capital Fund Program OK56P055501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: OK56P055501-00 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	\$ 5,661.00		\$ 5,661.00	\$ 5,661.00	Complete
001	Advertising – bid advertisement	1410	1		\$ 132.00	\$ 132.00	\$ 132.00	Complete
001	Advertising – bid advertisements	1410	1		\$ 121.00	\$ 121.00	\$ 121.00	Complete
HA Wide	Contracted with Zerbel & Associates to provide Consultant Services for 2000 CFP	1430	1	\$ 25,000.00		\$25,000.00	\$18,750.00	In Process
001	Parking Expansion – Construct parking lot 26,671 Sq. Ft. @ \$3.75	1450	1	\$100,000.00		\$93,913.97	\$91,969.77	Complete
001	Parking Expansion – Engineering Plans for parking lot	1450	1			\$ 995.00	\$ 995.00	Complete
001	Convert 10 - 0BR units into 5 - 2BR units	1460	10	\$100,000.00		\$138,860.00	\$40,442.00	In Progress
HA Wide	Pick up – 2001 Dodge Ram 1500	1475	1	\$ 18,000.00		\$16,461.00	\$16,461.00	Complete
HA Wide	Tractor/Backhoe	1475	1	\$ 22,000.00		\$18,395.00	\$18,395.00	Complete
HA Wide	Purchased 2 computers @ \$1,158.00 per piece	1475	2		\$ 2316.00	\$ 2,316.00	\$ 2,316.00	Complete
HA Wide	Purchased copier @ \$5,148.00	1475	1		\$ 5,148.00	\$ 5,148.00	\$ 5,148.00	Complete

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority of the City of Guthrie	Grant Type and Number Capital Fund Program: OK56P055501-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
---	--	--

☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending: 9/30/2002
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 10,000.00		\$10,000.00	\$10,000.00
3	1408 Management Improvements	\$ 5,000.00		\$ 4,857.00	
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$ 36,700.00	\$ 39,575.00	\$39,575.00	\$25,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$105,500.00			
10	1460 Dwelling Structures	\$ 99,300.00		\$ 2,345.00	\$ 2,345.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 12,000.00			
12	1470 Nondwelling Structures	\$ 500.00			
13	1475 Nondwelling Equipment	\$ 9,140.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	\$ 10,722.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$288,862.00		\$56,777.00	\$37,345.00

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: OK56P055501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: OK56P055501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	\$ 10,000.00		\$ 10,000.00	\$10,000.00	Complete
HA Wide	Management Improvements	1408	3	\$ 5,000.00		\$ 4,857.00		Pending
HA Wide	Fees & Costs – CFP Consultant - Needs Assessment	1430	1	\$ 21,625.00		\$ 9,000.00	\$ 9,000.00	Complete
	Fees and Costs – Annual Plan Development and Submission		1			\$ 2,875.00		Pending
	Bid Documents		1			\$ 9,750.00	\$ 4,300.00	Complete
HA Wide	Fees & Costs – CFP Consultant - Inspections	1430	1	\$ 6,250.00		\$ 6,250.00		Pending
HA Wide	Fees & Costs – Civil Engineering/Drainage Work – Survey	1430	1	\$ 11,700.00		\$ 5,700.00	\$ 5,700.00	Complete
	Drainage Plans		1			\$ 6,000.00	\$ 6,000.00	Complete
HA Wide	Drainage Work – Grade Property to facilitate rain runoff away from dwelling structures	1450	433 hrs. @ \$150.00	\$ 65,000.00				Pending
HA Wide	Sidewalk Replacement	1450	2818 Sq. Ft. @ \$8.87	\$ 25,000.00				Pending
HA Wide	Fencing	1450	2609 Ft. @ \$4.60	\$ 12,000.00				Pending

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: OK56P055501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Shop Exhaust Fan	1470	1	\$ 500.00				Pending
HA Wide	Shop Tools – Jigsaw, Belt Sander, Vibrating Sander, Cordless Screwdriver, Cutting Torch, Welder, Floor Jack Stands, and various hand tools	1475	10	\$ 5,040.00				Pending
HA Wide	Shop Equipment – sewer cleaner, push mower, ladders, wet/dry vacuum, leaf blower, key box.	1475	6	\$ 4,100.00				Pending
HA Wide	Contingency	1502	1	\$ 10,722.00				Pending
001	Speed bumps for Parking Lot	1450	26	\$ 3,500.00				Pending
001	Convert 0BR to 2BR – 4 Concrete Porches	1460	1	\$ 98,300.00		\$ 1,275.00	\$ 1,275.00	Completed
	Five Steel Security Screen Doors		1			\$ 1,070.00	\$ 1,070.00	Completed
001	Blank Door handles	1460	100	\$ 1,000.00				Pending
001	Ranges	1465	15	\$ 5,250.00				Pending
001	Refrigerators	1465	15	\$ 6,750.00				Pending

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: X OK56PO55501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center; font-size: 1.2em;">2002</div>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 10,000.00			
3	1408 Management Improvements	\$ 5,000.00			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$ 25,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 40,000.00			
10	1460 Dwelling Structures	\$161,495.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 12,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$ 15,800.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	\$ 5,094.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$274,389.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: X OK56PO55501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: X Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	\$10,000.00				
HA Wide	Management Improvements	1408	1	\$ 5,000.00				
HA Wide	Bid Documents and Inspections	1430	1	\$25,000.00				
001	Asphalt Overlay	1450	4	\$40,000.00				
001	Cabinets	1460	53	\$65,000.00				
001	Countertops	1460	53	\$20,000.00				
001	Faucets	1460	53	\$ 3,000.00				
001	Latchsets	1460	53	\$ 2,000.00				
001	Locksets, Deadbolts	1460	159	\$ 8,000.00				
001	Miniblinds	1460	318	\$ 2,200.00				
001	Painting, Interior	1460	53	\$30,000.00				
001	Sinks, Kitchen	1460	53	\$ 6,295.00				
001	Tile, Vinyl	1460	53	\$25,000.00				
001	Ranges / Refrigerators	1465	15/15	\$12,000.00				
HA Wide	Box Blade	1475	1	\$ 1,300.00				
HA Wide	File Cabinets	1475	6	\$ 1,200.00				
HA Wide	Phone System	1475	1	\$ 2,500.00				
HA Wide	Storage Shelves	1475	6	\$ 1,000.00				
HA Wide	Utility Bed & Trailer	1475	1 EA	\$ 9,800.00				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: X Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Contingency	1502	1	\$ 5,094.00				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: X Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	5/04			5/06			
	5/04			5/06			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: OK56P05550103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 10,000.00			
3	1408 Management Improvements	\$ 5,000.00			
4	1410 Administration				
5	1411 Audit	\$ 2,000.00			
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$ 21,031.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 35,000.00			
10	1460 Dwelling Structures	\$ 122,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$ 8,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	\$ 10,000.00			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program: OK56P05550103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center; font-size: 1.2em;">2003</div>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 213,031.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	\$ 5,000.00			
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: OK56P05550103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	\$ 10,000.00				
HA Wide	Management Improvements	1408	1	\$ 5,000.00				
HA Wide	Audit	1411	1	\$ 2,000.00				
HA Wide	Fees & Costs – Eng. & Bid Packets	1430	1	\$ 18,500.00				
HA Wide	Fees & Costs – Technical Services	1430	2	\$ 2,531.00				
001	Install Retaining walls & concrete swells	1450	6	\$ 35,000.00				
001	Remove & replace kitchen cabinets and countertops – 3 bedroom	1460	13	\$ 30,000.00				
001	Replace kitchen sinks & faucets	1460	106	\$ 20,000.00				
001	Remove & replace kitchen cabinets and countertops – 2 bedroom	1460	36	\$ 72,000.00				
HA Wide	Non Dwelling Structures – HC bathrooms at HA Office	1470	2	\$ 8,000.00				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Guthrie		Grant Type and Number Capital Fund Program #: OK56P05550103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Contingency	1502	1	\$ 10,000.00				

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Guthrie Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
	Annual Statement	\$ 53,031.00	\$ 63,031.00	\$ 88,200.00	\$ 134,700.00
<i>HA Wide</i>					
0001		\$ 160,000.00	\$ 150,000.00	124,831.00	\$ 78,331.00
CFP Funds Listed for 5-year planning		\$ 213,031.00	213,031.00	\$ 213,031.00	\$ 213,031.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>HA Wide</i>	<i>Operations</i>	<i>\$ 10,000.00</i>	<i>HA Wide</i>	<i>Operations</i>	<i>\$ 10,000.00</i>
Annual	<i>HA Wide</i>	<i>Management Improvements Office Equipment</i>	<i>\$ 5000.00</i>	<i>HA Wide</i>	<i>Management Improvements Computer/Printers</i>	<i>\$ 3831.00</i>
Statement	<i>HA Wide</i>	<i>Audit</i>	<i>\$ 500.00</i>	<i>HA Wide</i>	<i>Audit</i>	<i>\$700.00</i>
	<i>HA Wide</i>	<i>Fees & Costs A & E Costs Technical Assistance</i>	<i>\$ 20,000.00</i>	<i>HA Wide</i>	<i>Fees & Costs A & E Costs Technical Assistance</i>	<i>\$ 20,000.00</i>
	<i>HA Wide</i>	<i>Non-Dwelling Structures Office Bathroom to 504</i>	<i>\$ 6,031.00</i>	<i>HA Wide</i>	<i>Non dwelling Equipment Ice machine</i>	<i>\$ 2,000.00</i>
	<i>HA Wide</i>	<i>Non Dwelling Equipment Maintenance Tools & Equip.</i>	<i>\$ 1,500.00</i>	<i>HA Wide</i>	<i>Non dwelling Equipment – Maintenance tools/equip.</i>	<i>\$ 1,500.00</i>
	<i>HA Wide</i>	<i>Contingency</i>	<i>\$ 10,000.00</i>	<i>HA Wide</i>	<i>Contingency</i>	<i>\$ 10,000.00</i>
	<i>HA Wide</i>	<i>Site Improvement Install concrete retaining walls and swells for drainage</i>	<i>35,000.00</i>	<i>HA Wide</i>	<i>Site Improvements – Parking overlay, HC ramps to sidewalks</i>	<i>\$ 15,000.00</i>

	001	Replace Kitchen sinks & faucets – 0-3 bedroom units	\$20,000.00	001	Dwelling Structures Remove & Replace Washer Room Cabinets 0-3 bedrooms	\$55,000.00
	001	Remove & replace Kitchen cabinets & Formica & backsplash 0-3 bedrooms	\$105,000.00	001	Dwelling Structures Install exhaust fan in bathrooms 0-3 bedrooms	\$ 20,000.00
				001	Dwelling Structures Replace floor tiles in 0- 3 bedrooms	\$ 75,000.00
Total CFP Estimated Cost			\$ 213,031.00			\$ 213,031.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : 4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>HA Wide</i>	<i>Operations</i>	<i>\$ 10,000.00</i>	<i>HA Wide</i>	<i>Operations</i>	<i>\$ 10,000.00</i>
<i>HA Wide</i>	<i>Management Improvements Computers/Printers</i>	<i>\$ 5,000.00</i>	<i>HA Wide</i>	<i>Management Improvements Computers/Printers</i>	<i>\$ 5,000.00</i>
<i>HA Wide</i>	<i>Audit</i>	<i>\$ 700.00</i>	<i>HA Wide</i>	<i>Audit</i>	<i>\$ 700.00</i>
<i>HA Wide</i>	<i>Fees & Costs A & E Costs Technical Assistance</i>	<i>\$ 20,000.00</i>	<i>HA Wide</i>	<i>Fees & Costs A & E Costs Technical Assistance</i>	<i>\$ 20,000.00</i>
<i>HA Wide</i>	<i>Non Dwelling Equipment - Maintenance Truck</i>	<i>\$18,000.00</i>	<i>HA Wide</i>	<i>Non dwelling Structures Replace roof and vents on HA office</i>	<i>\$ 20,000.00</i>
<i>HA Wide</i>	<i>Non Dwelling Equipment – Tools & maintenance Equip.</i>	<i>\$ 1,500.00</i>	<i>HA Wide</i>	<i>Non Dwelling Structures Replace Heat & Air Units at HA Office</i>	<i>\$15,000.00</i>
<i>HA Wide</i>	<i>Contingency</i>	<i>\$ 10,000.00</i>	<i>HA Wide</i>	<i>Non Dwelling Structures HA Office, painting, light fixtures, repairs</i>	<i>\$ 15,000.00</i>

<i>HA Wide</i>	<i>Non Dwelling Structures – HA Office 504 Compliant Entrance Door</i>	<i>\$15,000.00</i>	<i>HA Wide</i>	<i>Non dwelling equipment Maintenance Tools & Equip.</i>	<i>\$ 1000.00</i>
<i>HA Wide</i>	<i>Site Improvements – Repair Entrance sidewalk at HA Office</i>	<i>\$8,000.00</i>	<i>HA Wide</i>	<i>Site Improvements Install parking overlay, HC ramps to sidewalks</i>	<i>\$18,000.00</i>
<i>001</i>	<i>Dwelling Structures– Air conditioning - 40 units</i>	<i>\$ 80,000.00</i>	<i>HA Wide</i>	<i>Non-Dwelling Equipment HA Vehicle</i>	<i>\$ 20,000.00</i>
<i>001</i>	<i>Dwelling Structures Install 504 Compliant Fixtures</i>	<i>\$4,831.00</i>	<i>HA Wide</i>	<i>Contingency</i>	<i>\$10,000.00</i>
<i>001</i>	<i>Dwelling Structures Replace breaker boxes all units</i>	<i>\$ 25,000.00</i>	<i>001</i>	<i>Dwelling Structures Replace damaged siding and gutters and paint existing</i>	<i>\$30,000.00</i>
<i>001</i>	<i>Dwelling Structures – Replace bathroom wall paper with acrylic board</i>	<i>\$15,000.00</i>	<i>001</i>	<i>Dwelling Structures Finish replacement of bathroom wall paper with acrylic board</i>	<i>\$1,331.00</i>
			<i>001</i>	<i>Dwelling Equipment Purchase 15 refrigerators</i>	<i>\$ 6,000.00</i>
			<i>001</i>	<i>Dwelling Equipment Purchase 15 stoves</i>	<i>\$ 6,000.00</i>
			<i>001</i>	<i>Dwelling Structures Install security screens</i>	<i>\$ 25,000.00</i>

			<i>001</i>	<i>Non Dwelling Equipment</i>	<i>\$ 10,000.00</i>
				<i>Install air coils on 5 existing units</i>	
Total CFP Estimated Cost		\$ 213,031.00			\$ 213,031.00

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1_____ **N2**_____ **R**_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ **18 Months**_____ **24 Months**_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the

balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY 1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Geraldine Haymaker

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 4 years expires 8/2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 8/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mr. Gumerson , Mayor, City of Guthrie

Required Attachment B : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Virginia Bostwick – President

Virginia Sweeney – Vice President

Lavonne Morgan – Secretary/Treasurer

Attachment D: Component 3, (6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Attachment E: Statement Regarding Community Service

When or if the Community Service requirements are re-implemented the Housing Authority has a plan for the implementation of the requirements and has developed administrative policies and forms for this purpose.